

**IN THE UNITED STATES DISTRICT COURT
FOR THE NORTHERN DISTRICT OF TEXAS
DALLAS DIVISION**

**NICOLE HUTCHESON and
RUTH BOATNER,
Plaintiffs,**

vs.

**DALLAS COUNTY, TEXAS,
FERNANDO REYES, TRENTON
SMITH, BETTY STEVENS and
ELVIN HAYES,
Defendants.**

§
§
§
§
§
§
§
§
§
§
§

**CIVIL ACTION
NO. 3:17-CV-02021-S
(ECF)**

**APPENDIX TO DEFENDANTS' FIRST AMENDED MOTION TO DISMISS
UNDER FED. R. CIV. P. 12(b)(6)**

**FAITH JOHNSON
DALLAS COUNTY DISTRICT ATTORNEY**

**PETER L. HARLAN
ASSISTANT DISTRICT ATTORNEY
TEXAS BAR NO. 09011300
FRANK CROWLEY COURTS BUILDING
133 N. RIVERFRONT BLVD., LB 19
DALLAS, TEXAS 75207-4399
(214) 653-3691 (Telephone)
(214) 653-2899 (Facsimile)
pharlan@dallascounty.org**

ATTORNEYS FOR DEFENDANTS

INDEX TO APPENDIX

1. Exhibit No. 1 — Southwestern Institute of Forensic Sciences (SWIFS) Autopsy Report of Joseph Sheldon Hutcheson Pages 1–8.
2. Exhibit No. 2 — Affidavit of Elizabeth Lutton, Records Custodian of the Dallas County Sheriff's Department, and attached Lew Sterrett Justice Center Lobby Camera Video dated August 1, 2015 involving Joseph Hutcheson, the Plaintiff's decedent in the above referenced suit. (This exhibit shall be manually filed with the Clerk of the Court).

Respectfully submitted,

FAITH JOHNSON
DALLAS COUNTY DISTRICT ATTORNEY

/s/ Peter L. Harlan
PETER L. HARLAN
ASSISTANT DISTRICT ATTORNEY
TEXAS BAR NO. 09011300
FRANK CROWLEY COURTS BUILDING
133 N. RIVERFRONT BLVD., LB 19
DALLAS, TEXAS 75207-4399
(214) 653-3691 (Telephone)
(214) 653-2899 (Telecopier)
pharlan@dallascounty.org

ATTORNEYS FOR DEFENDANTS

CERTIFICATE OF SERVICE

I, the undersigned counsel, hereby certify that I electronically filed the foregoing document with the Clerk of Court for the United States District Court, Northern District of Texas, using the CM/ECF electronic case filing system of the court. The electronic case filing system will send a Notice of Electronic filing notification to all case participants registered for electronic notice including the following pro se parties and/or attorneys of record who have consented in writing to accept this Notice as service of this document by electronic means.

/s/ Peter L. Harlan
PETER L. HARLAN



SOUTHWESTERN
INSTITUTE OF FORENSIC SCIENCES
AT DALLAS

Office of the Medical Examiner

Autopsy Report



Case: IFS-15-12330 - ME

Decedent: Hutcheson, Joseph Sheldon 48 years White Male DOB: 09/13/1966

Date of Death: 08/01/2015 (Actual)

Time of Death: 11:31 AM (Actual)

Examination Performed: 08/02/2015 07:30 AM

Body Weight: 230 lbs BMI: 33.47

Body Length: 70 in

ORGAN WEIGHTS:

Brain: 1,570 g	Right Lung: 850 g	Right Kidney: 190 g
Heart: 470 g	Left Lung: 1,070 g	Left Kidney: 180 g
Liver: 2,340 g	Spleen: 250 g	

This autopsy is attended by Detectives Julie Jacob and Andrew Phillips of the Dallas County Sheriff's Department.

EXTERNAL EXAMINATION

The body is photographed, fingerprinted, palmprinted and tagged. When first viewed, the hands are bagged.

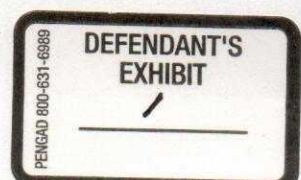
The body is received nude. A pair of athletic shoes, a pair of black socks, a cut away Cowboys jersey, cut away jean shorts, a belt, and a baseball cap are received with the body. There are no personal effects or jewelry.

The body is that of a well-developed, well-nourished white man whose appearance is compatible with the stated age of 48 years. The body is cool, rigor is fully developed, and the posterior lividity is partially fixed. The body is well-preserved and is not embalmed.

The scalp hair is shaved. The irides are brown, with bilateral arcus senilis. There is no beard or mustache. The ears and nose are unremarkable. The teeth are natural and, while worn, are in good condition. The neck is unremarkable. The chest and breasts are symmetrical. The abdomen is slightly protuberant. The external genitalia, anus and perineum are unremarkable. The penis is circumcised and the testicles are descended into the scrotum. The extremities are well-developed and symmetrical. The buttocks are unremarkable.



Accredited by The National Association of Medical Examiners



Hutcheson, Joseph Sheldon

IDENTIFYING MARKS AND SCARS

Tattoos are on the left side of the chest, the left and right arms, the left and right forearms, the left wrist, the lateral left and right ankles, and the medial left ankle. The midline of the abdomen has a serpentine, linear, vertical scar. There is patchy hypopigmentation of the center of the abdomen. The right side of the abdomen has two horizontal linear scars. The right side of the upper back has an oblique linear scar. The right flank has an oblique linear scar. The posterior left hand has an irregular linear scar. The lateral right hip has a linear, vertical scar. Irregular scars are scattered over the anterior left and right knees.

EVIDENCE OF THERAPY

An endotracheal tube is secured in the mouth by tape. There are corresponding contusions of the mucosal surfaces of the upper and lower lips and punctate foci of hemorrhage of the upper tracheal mucosa. Defibrillator and EKG pads are adherent to the trunk. Intraosseous catheters are in the anterior left and right legs. An identification band encircles the left ankle. The distal anterior right arm has a 1 inch blue contusion surrounding an oozing puncture mark. The distal left arm has an oozing puncture mark. Contused puncture marks are in the left and right antecubital fossae. By internal examination, there are fractures of anterior ribs two through four bilaterally and the sternum. The anterior right side of the fibrous pericardium has a partial-thickness laceration with surrounding contusion. The epicardium of the right atrium of the heart has a superficial laceration which does not perforate the free wall. The pericardial sac contains 60 mL of liquid blood. These findings are consistent with resuscitation-associated injury.

EVIDENCE OF INJURY

Evidence of acute injury:

I. Head:

The vertex of the scalp has a 2-1/2 inch fine, linear abrasion. There are no petechiae of the bulbar or palpebral surfaces of the conjunctiva or the alveolar mucosa. The frenula are intact. Reflection of the scalp reveals no confluent subscalpular hemorrhages, with fine, punctate hemorrhages over the vertex. The skull is free of fractures. There are no epidural, subdural or subarachnoid hemorrhages. The brain is free of injury externally and upon serial sectioning.

II. Neck:

The neck is unremarkable externally. Anterior muscle-by-muscle neck dissection is unremarkable. The hyoid bone, larynx, prevertebral soft tissue and cervical vertebrae are intact and unremarkable. Posterior neck exploration reveals subcutaneous hemorrhage over the spinous process of the 7th cervical vertebra. It is otherwise unremarkable.

III. Trunk:

The left flank has a 5 x 1 inch, discrete, horizontally oriented, band-like contusion. Reflection of the skin of the back reveals no subcutaneous or intramuscular hemorrhage. The trunk, with the exception of the previously described resuscitative injuries, is otherwise unremarkable, with no further blood in the body cavities, visceral injuries or fractures.



Case: IFS-15-12330 - ME

Page 3 of 8

Hutcheson, Joseph Sheldon

IV. Extremities:

The proximal-most medial left arm, at the axilla, has a 1 inch blue contusion. The medial left arm, immediately distal to the axilla, has a 3 inch, linear, abraded red contusion. The posterior left hand, at the base of the thumb, has a 3-1/2 inch, red-purple contusion. Small scattered red-purple abrasions are on the medial left and right thighs.

Reflection of the skin of the upper extremities reveals laceration and hemorrhage of the musculature deep to the 3 inch, linear abraded contusion of the medial left arm. Incision of the medial and lateral wrists reveals very patchy hemorrhage in the subcutaneous tissue of the lateral left wrist, with otherwise unremarkable subcutaneous tissue. Incisions of the medial and lateral left and right ankles reveal no subcutaneous hemorrhage. Incisions of the soles of the foot reveal no subcutaneous tissue hemorrhage.

No extremity fractures are palpable.

V. Genitalia:

The penis is free of injuries. The skin of the scrotum shows postmortem drying with no other lesions. The testicles are unremarkable externally and upon bisection. The anus and perineum are unremarkable.

Evidence of recent injury:

The posterior right wrist has a 1 inch linear, healing crusted abrasion and the posterior right hand has a 1/4 inch circular healing, crusted lesion. The posterior left leg has a 1 inch circular, purple, slightly raised, crusted healing lesion. Healing, crusted circular lesions are on the lateral left and right ankles.

INTERNAL EXAMINATION

BODY CAVITIES: See previous description. The thoracic and abdominal organs are in their normal anatomic positions. The left and right pleural cavities and peritoneal cavity contain no fluid. The right lung is adherent to the parietal pleura. Surgical mesh is within the abdominal wall at the midline.

HEAD: See previous description. The leptomeninges are thin and delicate. The cerebral hemispheres are symmetrical, with an unremarkable gyral pattern. The cranial nerves and blood vessels are unremarkable. Sections through the cerebral hemispheres, brainstem, and cerebellum are unremarkable. There are no hemorrhages in the deep white matter or the basal ganglia. The cerebral ventricles contain no blood. The spinal cord, as viewed from the cranial cavity, is unremarkable.

NECK: See previous description. The hyoid bone is slightly anomalous, with the left horn being shorter than the right and the body being slightly misshapen.

CARDIOVASCULAR SYSTEM: See previous description. The intimal surface of the abdominal aorta is involved by mild atherosclerosis. The aorta and its major branches and the great veins are normally distributed. The pulmonary arteries contain no thromboemboli. The pericardium, epicardium, and endocardium are otherwise smooth and glistening. There are no thrombi in the atria or ventricles. The foramen ovale is closed. With the exception of 10% stenosis of the right coronary artery, the



Case: IFS-15-12330 - ME

Page 4 of 8

Hutcheson, Joseph Sheldon

coronary arterial system is free of atherosclerosis. The atrial and ventricular septa are intact. There is slight thickening of the anterior leaflet of the mitral valve. The cardiac valves are otherwise unremarkable. The myocardium is dark red-brown and firm. The left ventricular free wall and interventricular septum each measure 1.4 cm in thickness, and the right ventricular free wall measures 0.3 cm. The left ventricle has a luminal diameter of 4.5 cm and the right a diameter of 4.0 cm.

RESPIRATORY SYSTEM: See previous description. The upper airway is not obstructed. The laryngeal mucosa is smooth and unremarkable, without petechiae. The pleural surface of the left lung is smooth and glistening. The major bronchi are unremarkable. Sectioning of the lungs discloses a dark red-blue, densely congested, edematous parenchyma.

HEPATOBIILIARY SYSTEM: The liver is covered by a smooth, glistening capsule. The parenchyma is dark red-brown and moderately congested. The gallbladder is not identified.

GASTROINTESTINAL SYSTEM: See previous description. The esophageal mucosa is gray, smooth, and unremarkable. The stomach contains approximately 200 mL of partially digested food and green liquid. There are no tablets or capsules. The gastric mucosa has normal rugal folds, and there are no ulcers. Remote, sutured surgical anastomoses are visible in the ascending colon. The small and large intestines are otherwise unremarkable. The appendix is not identified. The pancreas is unremarkable externally and upon sectioning.

GENITOURINARY SYSTEM: The capsules of both kidneys strip with ease to reveal smooth and slightly lobulated surfaces. The cortices are of normal thickness, with well-demarcated corticomedullary junctions. The calyces, pelves, and ureters are unremarkable. The urinary bladder contains approximately 40 mL of clear yellow urine. The mucosa is gray, smooth, and unremarkable. The prostate gland is unremarkable externally and upon sectioning.

ENDOCRINE SYSTEM: The thyroid and adrenal glands are unremarkable externally and upon sectioning.

LYMPHORETICULAR SYSTEM: The spleen is covered by a smooth, blue-gray, intact capsule. The parenchyma is dark red and slightly soft. The cervical, hilar, and peritoneal lymph nodes are unremarkable.

MUSCULOSKELETAL SYSTEM: See previous description. The clavicles, pelvis, and vertebral column have no fractures. The diaphragm is intact.

MICROSCOPIC EXAMINATION:

Heart: Mild myocyte hypertrophy; interstitial fibrosis.

Lungs: Vascular congestion with extravasation of blood into alveoli; focally increased intra-alveolar macrophages; intravascular fat emboli, consistent with resuscitation.

Liver: Dense chronic portal triaditis; scattered hepatocytes with clearing of nuclei; scattered intralobular aggregates of chronic inflammatory cells.

Kidney: Mild arteriolar sclerosis; rare sclerotic glomeruli; scattered interstitial aggregates of chronic inflammatory cells; rare tubules within papilla containing pale pink casts; nuclear drop out and sloughing of renal tubular epithelium.



Case: IFS-15-12330 - ME

Page 5 of 8

Hutcheson, Joseph Sheldon

Pancreas: No significant pathologic diagnosis in setting of autolysis.

Brain: No significant pathologic diagnosis.

TOXICOLOGY:**Evidence Submitted:**

The following items were received by the Laboratory from Forensic Pathology:

- 007: Biohazard Bag
- 007-001: Blood, femoral - gray top tube
- 007-002: Blood, femoral - gray top tube
- 007-003: Blood, femoral - gray top tube
- 007-004: Blood, femoral - gray top tube
- 007-005: Blood, femoral - red top tube
- 007-006: Urine - red top tube
- 007-007: Vitreous - red top tube
- 007-008: Skeletal muscle - plastic tube

Blood, postmortem**Acid/Neutral Screen (GC/MS)**

negative (Item# 007-003)

Alcohols/Acetone (GC)

negative (Item# 007-003)

Alkaline Quantitation (GC/FID)

amphetamine: 0.06 mg/L (Item# 007-001)

methamphetamine: 2.04 mg/L (Item# 007-001)

Alkaline Screen (GC/MS)

lidocaine detected (007-002)

Cocaine and Metabolites (GC/MS)

cocaine: 0.258 mg/L (Item# 007-001)

ecgonine methyl ester: 0.218 mg/L (Item# 007-001)

benzoylecgonine: 1.132 mg/L (Item# 007-001)

Vitreous**Alcohols/Acetone (GC)**

negative (Item# 007-007)

Electrolytes (Analyzer)

sodium: 136 mEq/L (Item# 007-007)

potassium: 10.8 mEq/L (Item# 007-007)

chloride: 117 mEq/L (Item# 007-007)

glucose: 44 mg/dL (Item# 007-007)

urea nitrogen: 12 mg/dL (Item# 007-007)

A sample was sent to NMS for synthetic cannabinoids testing.

REFERRAL TOXICOLOGY:

synthetic cannabinoids

no positive findings

Performing Laboratory

NMS



Accredited by The National Association of Medical Examiners

Case: IFS-15-12330 - ME

Page 6 of 8

Hutcheson, Joseph Sheldon

FINDINGS:

1. Combined toxic effects of cocaine and methamphetamine (see toxicology).
2. Blunt force injuries:
 - a. Scattered cutaneous contusions and abrasions.
 - b. Laceration and hemorrhage of musculature of medial left arm.
3. Hypertensive cardiovascular disease:
 - a. Cardiac hypertrophy.
 - b. Arteriolar nephrosclerosis.
 - c. History of hypertension.
4. History of polysubstance abuse with multiple recent hospital admissions for acute psychosis. Review of medical records reveals:
 - a. The decedent presented to John Peter Smith Hospital on July 7, 2015 psychotic and combative, with auditory hallucinations and paranoid delusions. His urine drug screen was positive for cocaine.
 - b. The decedent was admitted to Parkland Hospital on July 19, 2015 but left against medical advice following diagnosis of acute delirium and unspecified psychosis associated with polysubstance abuse and after complaining that he would be hurt or killed if he stayed. His urine drug screen was positive for cocaine and methamphetamine.
 - c. The decedent presented to John Peter Smith Hospital on July 22, 2015, presenting with paranoia, headache, diarrhea and agitation. His urine drug screen was positive for cocaine.
 - b. Per medical records, the decedent left Parkland Hospital on August 1, 2015 at 9:48 am after presenting to the emergency department complaining of abdominal pain following methamphetamine use.
5. Per investigative history, the decedent approached the lobby of Lew Sterrett Jail on August 1, 2015, immediately following his discharge from Parkland Hospital. Review of lobby video and witness statements indicates the decedent was acting erratically. He struggled with and was restrained by police at the scene. Several minutes later, he became unresponsive. CPR was initiated and the decedent was transported to Parkland Hospital, where resuscitation was unsuccessful.

CONCLUSIONS:

It is our opinion that Joseph Sheldon Hutcheson, a 48-year-old white man, died as a result of the combined toxic effects of cocaine and methamphetamine. It is our further opinion that these effects were compounded by hypertensive cardiovascular disease and physiologic stress associated with a struggle with and restraint by police. In addition to the presence of cocaine, the methamphetamine level is markedly elevated, and the decedent was witnessed to display psychotic behavior prior to his restraint. Due to the temporal relationship between the struggle, restraint and his collapse, the manner of death is homicide.

MANNER OF DEATH: Homicide



Case: IFS-15-12330 - ME

Page 7 of 8

Hutcheson, Joseph Sheldon



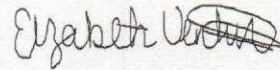
08/31/2015

Jill E Urban, M.D.
Medical Examiner



08/31/2015

Stephen M. Hastings, M.D.
Medical Examiner




09/01/2015

Elizabeth Ventura, M.D.
Medical Examiner



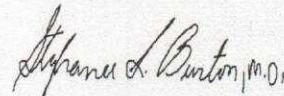
08/31/2015

Chester S Gwin, M.D.
Medical Examiner



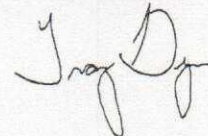
09/01/2015

Stephen M. Lenfest, M.D.
Medical Examiner



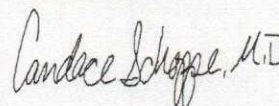
09/01/2015

Stephanie Burton, M.D.
Medical Examiner



09/01/2015

Tracy J Dyer, M.D., J.D.
Medical Examiner



08/31/2015

Candace Schoppe, M.D.

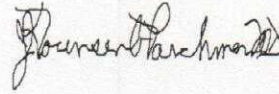


Case: IFS-15-12330 - ME

Page 8 of 8

Hutcheson, Joseph Sheldon

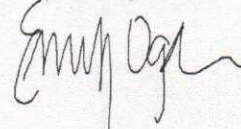
Medical Examiner



09/01/2015

Janis K Townsend-Parchman, M.D.

Medical Examiner



08/31/2015

Emily Ogden, M.D.

Medical Examiner



08/31/2015

Reade A Quinton, M.D.

Deputy Chief Medical Examiner



09/01/2015

Jeffrey J Barnard, M.D.

Director and Chief Medical Examiner

